MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

(Print or Type) Date 19____ , Mass. City, Town Permit # Owner's Building Name AT: Location Type of Occupancy: New Renovation Replacement Plans Submitted Yes \ No \ CONVERSION BURNERS VENTED ROOM HTRS. DIRECT VENT HTRS. GAS GENERATORS WATER HEATERS ROOF TOP UNITS HEATER RANGES POOL HEATERS UNIT HEATERS HEATING BOIL LABORATORY FURNACES GRILLES DRYERS RANGES TESTS OVENS SUB-BSMT. BASEMENT 1ST FLOOR 2ND FLOOR 3RD FLOOR 4TH FLOOR 5TH FLOOR **6TH FLOOR** 7TH FLOOR 8TH FLOOR Certificate Check One: (Print or Type) Installing Company Name _____ ☐ Corp. _____ Partnership _____ ☐ Firm/Company ___ Name of Licensed Plumber or Gasfitter Business Telephone _____ I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under Permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws. I have informed the owner or his agent that I do not have liability insurance including completed operations coverage. Signature of Owner/Agent I have a current liability insurance policy to include completed operations coverage. TYPE LICENSE: Signature of Licensed Plumber Title _ Plumber or Gasfitter Gasfitter City/Town ____ ☐ Master APPROVED (OFFICE USE ONLY) License Number Journeyman

ECTION	
FINAL INSPE	

SKETCHES

NOAPPLICATION FOR PERMIT TO DO GASFITTING	NAME & TYPE OF BUILDING	LOCATION OF BUILDING	PLUMBER OR GASFITTER	LIC. NO.		PERMIT GRANTED	DATE19		GAS INSPECTOR
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